

Little Aviators Waitlist Application

Please complete one application per child, including an application fee of \$35 per child.

Please Make Check Payable to "Little Aviators".

Child	Child's First Name	Child's Last Name	
Street Addr C Home Pho	ity	State Zip Child's Birtho	/yy ler
Parents	Mother's First Name Mother's Work Phone: Mother's Cell Phone: Mother's EMail: Father's First Name Father's Work Phone: Father's Cell Phone: Father's EMail:	Mother's Last Name Father's Last Name	
Comment	5:	Little Aviators offers t following schedule optio 5 Full Days 3 Full Days - Monday, Wednesday, 2 Full Days - Tuesday, Thursday	ns:
Yes No O Does this child have a sibling who is currently enrolled at Little Aviators? Is either parent an employee of the Federal Aviation Administration (F.A.A.)? Is either parent an employee of the Federal Government (e.g. Veterans Administration)? If yes, please list the Federal Government Employer:			
Signature:	I understand that paying the \$35 application for Little Aviators, but will not guarantee an open	ning. Date:	
Dat	e Application and Fee Received:	Cash or Check #	